

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

**AFTER 1ST
AMENDMENT**

**AFTER 2ND
AMENDMENT**

	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13	1					
14		1				
15	1					
16		1				
17		2				
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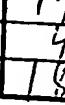
TOTAL IND.

TOTAL

DEP.

TOTAL

CLAIMS



TOTAL IND.

TOTAL

DEP.

TOTAL

CLAIMS

